## PART B - FEE(S) TRANSMITTAL

## Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where m

opropriate. All further of dicated unless correcte naintenance fee notificat	d below or directed oth	ng the Patent, advance of herwise in Block 1, by (	orders and notification of many specifying a new corresponding to the co	naintenance fees will pondence address; a	ll be mailed and/or (b) in	to the current idicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDE	Fee(	s) Transmittal. This	certificate o paper, such	annot be used fo as an assignmen	r domestic mailings of the or any other accompanying nt or formal drawing, must		
35969	7590 03/01	/2010	nave		Ü	ailing or Transı	niccion
	& Licensing e LLC - Pharmace		I her State addr trans	reby certify that this es Postal Service wit essed to the Mail S emitted to the USPT	Fee(s) Trai th sufficient Stop ISSUF O (571) 273	nsmittal is being postage for firs FEE address -2885, on the da	deposited with the United t class mail in an envelope above, or being facsimile te indicated below.
555 White Plains Road, Third Floor Tarrytown, NY 10591				(Depositor's name)			
Turiy to wii, TVT T	10001						(Signature)
							(Date)
APPLICATION NO.	LICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
10/567,056 06/26/2006			Joachim Schuhmacher		LE A 36 764		4889
TLE OF INVENTION:  APPLN, TYPE	EDETERMINATION O		DUDLICATION FEE IN F	DDEV DAIN ISSUE		PALEDE (SADIE	DATE DUE
	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TO	'AL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0		\$1810	06/01/2010
EXAMINER		ART UNIT	CLASS-SUBCLASS				
DO, PENSEE T 1641			436-518000				
Change of correspondence address or indication of "Fee Address" (37 FR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			<ul><li>(1) the names of up to or agents OR, alternativ</li><li>(2) the name of a single registered attorney or a 2 registered patent attor</li></ul>	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Edwards Ar Ralph A.			
ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	e)			
recordation as set forth	ո in 37 CFR 3.11. Comp	ified below, no assignee bletion of this form is NC	data will appear on the pa T a substitute for filing an a	issignment.		ed below, the do	ocument has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
BAYER SCHERING PHARMA AKTIENGESELLSCHAFT Berlin, Germany							
ease check the appropri	ate assignee category or	categories (will not be p	rinted on the patent): $\Box$	Individual 💢 Corp	poration or	other private gro	up entity Government
a. The following fee(s) a  Issue Fee  Publication Fee (No Advance Order - #	o small entity discount p		D. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 133372 (enclose an extra copy of this form).				
	us (from status indicated						
**	S SMALL ENTITY state		☐ b. Applicant is no long				
OTE: The Issue Fee and terest as shown by the re	ecords of the United Sta	tes Patent and Trademarl	ed from anyone other than the Office.	ne applicant; a regist	ered attorne	y or agent; or th	e assignee or other party in
Authorized Signature	/THOMAS C. B	Date					
Typed or printed name Thomas C. Blankinship			Registration No. 39,909				
his collection of informa application. Confident abmitting the completed	ation is required by 37 C iality is governed by 35 Lapplication form to the	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or re 1.14. This collection is estived the depending upon the indivi-	etain a benefit by the imated to take 12 mi idual case. Any com	e public whi inutes to con nments on th	ch is to file (and mplete, including ne amount of tin	by the USPTO to process) g gathering, preparing, and ne you require to complete

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount or time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.